



Child Survival 20 – Mali
*Scaling-Up Community-Based Services in the
Sikasso Region of Mali*

First Annual Report

30 September 2004 – 30 September 2009

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Acronyms and Terms

ACP	Association of Cotton Producers
ACT	Artemisinin-based Combination Treatment
ARI	Acute Respiratory Infection
ASDAP	Association for the Support of Population Development Activities
ATN	National Technical Assistance Project
BC	Behavior Change
BCC	Behavior Change Communication
CAFO	Coordination of Association of Women's NGOs
CCP	Cotton Company Promoters
CDD	Control of Diarrheal Diseases
CHW	Community Health Worker
CHV	Community Health Volunteer
C-IMCI	Community Integrated Management of Childhood Illnesses
CMDT	Malian Company for the Development of Textiles
CPA	Cotton Producer Association
CS	Child Survival
CSCom	Health Center
CSHGP	USAID's Child Survival and Health Grants Program
CSSA	Child Survival Sustainability Assessment
DHO	District Health Office
DIP	Detailed Implementation Plan
DK	Drug Kit
DNS	National Direction of Health
ESSD	Socio-medical District Teams
FELASCOM	District Association of Health Centers
FP	Family Planning
HC	Health Center
HO	Home Office of Save the Children located in Westport, CT
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illnesses
ITN	Insecticide Treated Bed Nets

KPC	Knowledge, Practices and Coverage
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MOH	Ministry of Health
NGO	Non-Governmental Organization
NVD	National Vaccination Day
OC	Oversight Committee
ORS	Oral Rehydration Solution or Salts
PA	Project Advisor
PDME	Program Design, Monitoring and Evaluation
PKC	Care/Kénéya Ciwara
PGP	Democratic Governance Program
PNLP	National Program for the Fight Against Malaria
PSI	Population Services International
RHO	Regional Health Office
SC	Save the Children Federation, Inc.
SFO	Sahel Field Office of Save the Children Federation, Inc.
SO	Strategic Objective
TOT	Training of Trainers
USAID	United States Agency for International Development
ZPA	Agricultural Zone of Production

Introduction

Save the Children (SC) is implementing an **expanded impact** five-year regional Child Survival project, CS-20 *Scaling-Up Community-Based Services in the Sikasso Region of Mali*. The project is a partnership between SC, the Sikasso Regional Health Office (RHO), the Malian Cotton Company, five District Health Offices (DHO), and communities with the involvement of the National Malaria Program and the Division for Reproductive Health, which leads both the family planning (FP) and Community Integrated Management of Childhood Illnesses (C-IMCI) efforts. This partnership builds on the extensive programming experience of SC in Mali to address the primary causes of child and maternal mortality in the Sikasso region. SC and its partners are combining their resources and experiences to improve child survival at a regional scale in Mali by: (1) Increasing the use of key health services and improved child health practices at the village level; and (2) Increasing the capacity of local entities (the RHO, the DHOs, cotton company, and community organizations) to assume responsibility for health activities and adopt innovative CS-20 approaches.

The CS-20 project **site** includes five districts made up of 82 health zones, of which 68 are functional, in the Sikasso Region of Mali, with a total population of 903,219 in a vast area of 48,468 km². The region has an estimated **207,740** women of reproductive age and **126,219** children under five years old. The CS-20 project is designed to address high under-five mortality (estimated at over 235 deaths per 1,000 live births) and low contraceptive prevalence (4.8%) in this site. Malaria, pneumonia, and diarrhea account for approximately 60% of the child mortality in Sikasso. High morbidity and mortality result from low access to appropriate care (15% of the population is located more than 15 km from a health service), poor service quality, weak socio-economic conditions, and inappropriate health care-seeking behaviors (low recognition of illness danger signs). CS-20 will effectively respond to these constraints through proven interventions and delivery strategies.

SC is working with the Health Region, five Health Districts, and 492 villages, to implement four major **interventions**: control of malaria (20% of intervention effort), pneumonia case management (30%); control of diarrheal disease (CDD) (25%); and child spacing (25%). CS-20 interventions will be implemented through the following three strategies: (1) promotion, sale, and retreatment of bed nets primarily through the village cotton producer associations (CPA); (2) establishing a network of DKs, which include chloroquineⁱ, oral rehydration salts, condoms, and oral contraceptives; and (3) in-service training of health workers, and ongoing formative supervision and support by the regional, district, and Health Center (HC) teams.

The CS-20 **Goal** is: a sustained reduction in under-five mortality in the Sikasso Region.

The CS-20 **Results** (with selected indicators) are:

- Increased practice of household behaviors (30% of children under five years old and pregnant women will have slept under an insecticide-treated net (ITN) the previous night); and
- Increased use of services of the HCs and in the community (60% of caregivers will seek care for children under five with fever, 8% of mothers use a FP method).

These Results will be achieved through the five **Intermediate Results** (with selected indicators):

- Increased availability of selected maternal and child health (MCH) services (80% availability of chloroquine, oral rehydration solution/salts (ORS), and ITNs in drug kits (DKs));
- Improved quality of selected MCH services (60% of children and 70% of women treated with correct doses of anti-malarials);
- Increased demand for appropriate health services (80% of mothers will know the danger signs for seeking care for their sick child, 60% of mothers will know how to access DKs,);
- Increased local capacity of regional and DHOs to implement three project approaches (existence of an Operations Manual for DK and promotion of ITNs; 80% of DHOs will conduct monthly HC meetings); and
- Increased capacity of communities (village and HC management committees) to address priority needs of children under five years old (60% of Oversight Committees (OC) will be supervised at least 1/month by the HC; 60% of management committees participating in the monthly meetings of the Community Health Workers (CHWs) at the HCs).

This report summarizes the implementation of CS-20 activities in the five health districts during the first project year, specifically from October 2004 to September 2005.

Table 1: Population and health zones in the health districts of the CS-20 project

Health District	Population 2005	Planned Health Zones	Functional Health Zones	Number of Villages
Bougouni	352 884	32	25	472
Kolondiéba	171 921	17	16	205
Sélingué	77 839	5	5	43
Yanfolila	123 371	17	14	150
Yorosso	177 204	11	9	96
TOTAL	903 219	82	69	966

A health zone is comprised of the villages in a geographical area which have decided to create a health center (CSCoM). According to the health policy of Mali, each health zone is required to have a population higher than or equal to 5,000 inhabitants and be no more than 20 km from the next health zone.

The key activities, as outlined in the DIP, for the first project year are described in the table below and are followed by a narrative describing the status of each of these activities in more detail.

Table 2: Workplan Completed for CS-20 Sikasso, Mali for the Period August 2004 to 30 September 2005

Activities/Person Responsible	Year 2004					Year 2005									
	A	S	O	N	D	J	F	M	A	M	J	J	A	S	
Personnel	////////////////////////////////////														
Recruitment of the Regional Advisor and the Training and Capacity Building Supervisor (SFO, RHO)	X														
Recruitment of 10 Health District Advisors and support personnel (from October 19-21, 2004) (SFO)			X												
Logistics and Equipment	////////////////////////////////////														
Opening/equipping/installation of the office (Administration and Finance Manager of CS-20/Sikasso, Administration and Finances/Bamako)		X	X												
Monitoring and Evaluation	////////////////////////////////////														
Organization of the formative research – Doer/Non-doer (Consultant and Regional Advisor)		X													
Organization of KPC (Health Coordinator of the Sahel Field Office, Regional Advisor CS-20)					X	X	X	X	X	X	X				
Development of the draft of the agreement with the RHO (Regional Advisor CS-20)							X								
Organization of visits with key partners (CMDT, Netmark, PNLP/DNS, RHO, USAID, ATN, Care/Kénéya Ciwara, PSI/Mali) - (SFO Health Coordinator and Regional Advisor CS-20)			X												
Organization of the qualitative evaluation of the capacity/organizational viability of partners (Regional Advisor CS-20)						X	X	X							
Development, testing and completion of the various data collection tools and forms (DHO, Regional Advisor CS-20, M&E Coordinator)											X	X			
Organization of the monthly staff meetings for CS-20 (Regional Advisor CS-20)										X	X	X	X	X	
Advocacy/Partner Relations/Community Mobilization	////////////////////////////////////														
Organization of DIP Workshop DIP (February 16-18, 2005) and development of DIP, Regional Advisor CS-20, RHO, SFO)							X	X	X						
Participation in the regional meeting of the Orientation, Coordination and Evaluation Committee of PRODESS (CROCEP) (December 2004) (Regional Advisor CS-20)					X										
Regional launching of the Project (Regional Advisor CS-20 and RHO)										X					
Launching of the Project in the five districts and the installation of the Advisors in the districts (CS-20 District Advisors and DHOs)										X					
Installation of the CS-20 teams in the health districts and health zones (CS-20 District Advisors and DHOs and Head Nurses)										X					
Launching of the Project in the 67 functional health zones (District Advisors and Head Nurses)										X	X				
“Approach village” for the identification and the installation of the OC Members of the DKs (Heads of HCs and District Advisors)										X	X				

Activities/Person Responsible	Year 2004					Year 2005								
	A	S	O	N	D	J	F	M	A	M	J	J	A	S
“Approach village” for the installation of the new Managers of the DKs (District Advisors CS-20 and Head Nurses)										X	X			
Relaunching of the former members of the OCs and the Managers of the DKs (District Advisors and Head Nurses)										X	X			
Development of contract with the Mayors (Administration and Finance Manager/Sikasso, Regional Advisor and PGP)											X			
Organization of information meetings with the Co-operatives of the Cotton Producers (District Advisors, CMDT and Head Nurses)											X	X		
Development of a protocol of partnership between CS-20 and marketing agencies(Regional Advisor and SFO Health Coordinator)										X	X			
Training	////////////////////////////////////													
Organization of the workshop on “ Strategic Planning for BC” (11 – 13 August, 2004 (CS Advisor, Consultant, and SFO Health Coordinator)	X													
Orientation of 10 District Advisors on the CS-20 project (22 – 29 November 2004) (CS-20 Regional Advisor and SFO Health Coordinator)				X										
Organization of the training workshop for supervisors and interviewers for the KPC and review of the questionnaires (November 30 - December 10, 2005) - (CS-20 Regional Advisor, SFO Health Coordinator and M&E Coordinator of SFO)				X	X									
Participation of the regional advisor of the project in the workshop on planning and evaluation for the sustainability of the CS in the USA (From the 06 To December 08, 2004) - (CS-20 Regional Advisor and CS Advisor)					X									
Participation in the workshop on Program Design, Monitoring and Evaluation of the health programs in Bamako (From February 7-12, 2005) - (CS Advisor)							X							
Installation of the training team (regional level and district level (Training Coordinator, Regional Advisor, RHO)										X				
Inventory and development of the modules of training (Training Coordinator, Regional Advisor, Regional Training Team)										X	X			
Organization of the training course of the district teams by the regional level (Training Coordiantor, Regional Advisor, Regional training team)												X	X	X
Behavior Change Communication (BCC)	////////////////////////////////////													
Development of the draft contract with the local radio stations (CS-20 Regional Advisor, Manager of Administration/Finances CS-20 and Training Coordinator)			X											
Identification and collection of IEC materials (Training Coordinator, Regional Advisor, SFO Health Coordinator)											X	X		

Activities/Person Responsible	Year 2004					Year 2005								
	A	S	O	N	D	J	F	M	A	M	J	J	A	S
Supervision and support	////////////////////////////////////													
Monthly supervision of CSComs in the Villages (CS-20 District Team)											X	X	X	X
Supervision of project activities of the Project (Regional Advisor, M&E Coordinator, Training Coordinator)											X	X	X	X

A. Main Accomplishments of Program

The status of the key project activities as outlined in the above table are described in this section based upon four crosscutting areas which relate to all the project technical intervention areas (partnership, M&E, training and supervision). Rather than listing these activities under each project intervention area they are combined to avoid repetition.

1. Partnership

The CS-20 project reinforced its bonds with the Ministry of Health (MOH) as well as the other NGO partners. Thus a number of activities were carried out to build these partnerships:

- **Exchange Visits:** were carried out with these partners to discuss CS-20 (review and share documents). These visits included:
 - **Visit with CARE/PKC:** The discussion related to the importance of sharing existing tools and materials. Dr. Koïta gave advice related to developing a partnership protocol.
 - **Visit with PSI:** The discussion with Mr. Bob Clark provided information on activities related to ITN promotion in Mali, allowed for the exchange of ideas on the prospects for improving coverage of ITNs and retreatment kits (Blocks) for mosquito nets. It was decided that the SC team would produce a draft project document on the retreatment kits to reinforce the retreatment activities in the health districts of Bougouni, Kolondieba and Yanfolila and to initiate these activities in Sélingué and Yorosso.
 - **Visit with Netmark:** The SC team met Mr. Sidibé and discussed prospects and new strategies for promoting and distributing ITNS. The person in charge for Netmark in Mali showed his willingness to collaborate with SC.
 - **Visit with the National Technical Assistance project (ATN/USAID):** The SC team met with a large team from this project. Discussion and clarifications were made on CS-20 activities, including areas of collaboration between ATN and CS-20. One area in particular was for developing training of trainer (TOT) modules for the Community Health Volunteers (CHVs) (relais).
 - **Visit with USAID:** The USAID health team requested that tools and materials be shared between SC and the other USAID partners, such as PKC and ATN.
 - **Visit with the National Management of CMDT:** The discussion clarified which types of support the senior staff at the company can give to co-operative associations/cotton producers and also what the associations of cotton producers can ensure at the village level to support the sale/promotion of ITNs and the management of the DKs.

- **Visit with the DSR/DNS and the PNLP/DNS:** These two structures are key partners of SC within CS-20. In addition to sharing additional information on the project, the discussion made it possible to specify the roles of the MOH at the central level and expectations related to the implementation of CS-20.
- **Organization of the DIP Workshop of the DIP from February 16-18, 2005:** This workshop was organized with the support of the CS Advisor and the Health Coordinator in the office in Bamako. The DSR, the PNLP, the Regional Health Office of Sikasso, socio-medical teams of the districts (ESSD), the CMDT of Bougouni, the CS-20 Ségou and CS-20 Sikasso project staff. The results of the DIP Workshop include:
 - ✓ Development of intervention strategies;
 - ✓ Clarification of activities and objectives;
 - ✓ Identification of technical, community, and financial partners;
 - ✓ Well-defined roles of partners at all levels; and
 - ✓ Determination of resources necessary to accomplish the goals.
- **Development of the agreement with the RHO of Sikasso:** This agreement determined the activities/responsibilities for the RHO as well as for SC in the implementation of this CS project. The principle of collaboration is the partnership which is based on the respect of agreements, the respect of the others/partners and the correct achievement of the activities planned by this protocol.
- **Participation of the Regional Project Advisor:** The Regional Project Advisor participated in PRODESS' (CROCEP) regional Orientation, Coordination and Evaluation Committee meeting from December 20-23, 2004. This allowed the regional health districts to include CS-20 activities in their operational planning for 2005.
- **Participation of the Regional Project Advisor in the development workshop for the strategic plan for community-based interventions in the fight against malaria (August 9-12, 2005 in Bamako).** This made it possible to include the approach of the DKs in the national strategic plan for 2005-2009.
- **Participation of the CS-20 Regional Advisor in the workshop to develop a training module on artémisinin combination treatment (ACT) and IEC material (August 16-20, 2005 in Bamako).** This made it possible to include the training of community relays for the administration of ACT at the village level.

- **Village Approach**

Activities	Results Achieved
Approach village for the installation of the new DK Managers	249 identified out of 284 planned
Approach village for the identification and the installation of the members of the OCs of the DKs	249 identified
Relaunching of the former members of the OCs and the Managers of the DKs	222 identified out of 247 planned
Installation of CS-20 teams at the health district and health zone level	436 out of 471 planned
Organization of the information meetings information with the Cotton Producer Co-operatives	In progress

The number of new DKs (249) identified is lower than the number estimated (284) because of the eligibility criteria established for the selection of a village for a DK.

- **Launching of the CS-20 project**

Activities	Results Achieved
Launching of the project at the five project health districts	192 participants
Launching of the project at the 60/69 functional health zone level	2,996 participants

The launching of the project at the district level was conducted in collaboration with the personnel of the socio-medical services. The targets for these launchings were the Head Nurses, Mayors of the communes, the HC Boards (ASACOs), the prefects and sub-prefects, the CAFO, the FELASCOM, the CMDT, and other NGO partners in the districts.

Launchings in the health zones were made in collaboration with the Head Nurses. The targets for these launchings were the DK Managers, the OC, the Cotton Company Promoters (CCP), the village authorities, and the women's associations.

NB: Considering the ten-year collaboration which already exists between SC and the Regional Health Management of Sikasso, it was not necessary to conduct a launching at the regional level. This cost savings allowed additional resources for the launchings at the district level.

- **Development of partnership protocol**

Activities	Results Achieved
Development of a contract for collaboration with local radios	In progress
Development of contract for collaboration with the Mayors	In progress
Development of a protocol for partnership between CS-20 and the marketing organizations	1 protocol of collaboration developed with PSI

2. Monitoring & Evaluation

CS-20/Sikasso led three basic studies in the five medical districts for project intervention: (1) Qualitative study of the Doer/Non-doer; (2) Evaluation of the organizational capacity of the three key partners, and (3) the KPC study. The study methodologies and results are described in the DIP.

- **Development, test and finalization of the data collection forms**

The data collection forms were developed according to the routine monitoring indicators of the project. These forms are being tested in the three former districts (Kolondiéba, Bougouni, Yanfolila) with the DK Managers. Two villages were chosen by district and in two different health zones for this test. The FP forms are being tested in the health district of Sélingué in two villages of two health zones with the relays of the NGO ASDAP. After these tests are completed, the forms will be finalized before training the other DK Managers.

- **Monthly meetings**

The regular monthly meetings are held at the end of each month with the participation of all CS-20 Sikasso staff. These meetings are an ideal opportunity for sharing experiences between the district advisors and monitoring the evolution of the activities. It is also a forum for the discussion of problems encountered and proposed solutions, on each level.

3. Training

- **Installation of the Training Teams:** The pools of trainers were installed on three levels:
 - Training Team at the regional level;
 - Training Team at the district level; and
 - Training Team at the health zone.
- **Development of training module:** A workshop was held in Bougouni to finalize training modules for the TOTs and Community Drug Kit Managers (June 22-24, 2005). This workshop included representatives from the following:
 - the national level through the DSR and the PLNP;

- the regional level through the Regional Directorates of Health and Social Development; and
- the national Saving Newborn Lives program.

- **Fight against malaria**

Activity	Result Achieved
Training of the Heads of Agricultural Zone of Production (ZPA)	76 Heads of Agricultural Zone of Production (ZPA) trained in treatment of mosquito nets with the support of PSI

This training will enable the CCPs who maintain regular contact with associations of producers in their respective zones to support and to supervise the sale of the mosquito nets.

- **The workshop on Strategic Planning for Behavior Change (BC)**

This workshop was organized with the support of the CS Specialist and the Health Program Coordinator in SC's Bamako office. Participants included representatives from the District Health teams concerned, the RHO of Sikasso and CS-20 project staff. Participants learned about:

- Principal decisions related to BC;
- The methodology of the doer/non-doer analysis;
- The key behaviors related to malaria prevention and control, diarrheal disease, ARIs, and the use of modern contraceptive methods; and
- The identification of target groups and key factors.

- **Participation in the workshop for the development/revision of training modules on malaria case management.** The objectives of this workshop were as follows:

- To work out a module of the trainers of the CHWs in the fight against malaria,
- To revise the module of training of the mother volunteers in the fight against malaria.

- **Participation in the review workshop for 2004 and priorities for 2005 related to USAID SO6 activities**

Each partner involved with SO6 activities presented their accomplishments for 2004 as well as their priorities for 2005. A summary was prepared at the end of the group work, followed by a plenary meeting.

- **Participation of the Training Coordinator in the TOT community-based services provision (Sikasso, October 18-22, 2004)**

Organized by the project Kénéya/Ciwara, the purpose of this workshop was to contribute to the improvement of the quality of services. It reinforced skills relative to the training of the community relays based upon the new curriculum.

- **Participation of the Training Coordinator in the design and production of radio services workshop for communities based in (October 25-November 5, 2004)**

Organized by USAID/ATN in collaboration with the National Direction of Health, the purpose of this workshop was to design and produce a series of radio programs contributing to the increase of health services on a large scale.

- **Participation of the Regional Project Advisor in the workshop on:**

- Planning and evaluation for the Sustainability of CS programs “Intro to Sustainability Planning and Evaluation using CSSA” (Sustainability 101).

- Creation of tools for the follow-up of the continuation plan for CS programs “Sustainability Skills Building Workshop” (Sustainability 102) Calverton, Maryland, the USA, December 6-8, 2004. The workshop was organized by CORE and CSTS+. Eric Swedberg and Diakalia Koné represented SC. Our participation in these workshops was very useful because it enabled us to realize that we must consider other elements to improve the sustainability plans for CS-20 Sikasso and CS-20 Ségou.

- **Participation of the M&E Coordinator in the workshop on the design, monitoring and evaluation of health programs (February 7-12, 2005) in Bamako**

This workshop on the Program Design, Monitoring and Evaluation of Family Planning programs, was organized in collaboration with SC to provide program Managers the opportunity to increase their ability to develop projects which include plans for M&E associated with the design with the programs. By using these competences during the process of design of a program, the activities of the project will be better related to the desired results and it will be more probable than all the elements necessary for the success of the program will be integrated better. The plan for the M&E probably will be able to describe the program’s accomplishments.

4. Supervision

Within the framework of promoting the installation of the community structures, CS-20/Sikasso staff organized a supervision visit (August 14-19, 2005) in two health districts: **Yorosso** (new district) and **Yanfolila** (old district). The goal of the supervisions were to reinforce the installation activities of the community structures. Overall, at the end of the field visit, the supervision team noted certain points which were shared with the district teams. In general, the installation activities of the community structures are proceeding under very good conditions with broad involvement of the health district and CMDT partners.

B.

Factors that Impeded Progress

- The organization of the national vaccination days (NVD) disturbed the village approach activities;
- The rainy period which makes certain villages inaccessible and restricts the availability of community members;
- The non-use of selection criteria when choosing certain volunteers;
- The choice of the members of the Agricultural Committee when there are several in the same village; and
- The implementation of an ITN distribution strategy in the absence of a clear national policy on the matter.

Lessons Learned:

- The rainy period is not conducive to lead the village approach and trainings;
- The effective participation of the ASACO and Head Nurses is essential to establishing the village level structures;
- The strong passion and community support for CS-20 project activities;
- The motivation of CMDT agents is important to their collaboration and implication; and
- Nonfunctionality of the old DKs due to a lack of ongoing support and monitoring.

Recommendations:

- Reinforce collaboration with the district socio-medical for all programmed activities;
- Ensure that the Head Nurses are involved in all of the implementation steps for CS-20;
- Promote women for the remaining DK Manager and the OC member positions;
- Orient the ASACO members and the Head Nurses to BCC approaches;

Challenges:

- To develop a solid collaboration with all the partners at each level;
- To successfully create the village approach in all health zones;
- To successfully involve all partners in CS-20 implementation;
- To ensure that the new project structures being created are permanent; and
- To provide the Agricultural Committees of the villages with an adequate supply of ITNS so that they have enough for their communities.

C. Request for Technical Assistance

The CS-20 project benefited from the following technical assistance:

- Assistance of an intern from Johns Hopkins University for the Doer/Non-doer study;
- Assistance from the CS Advisor for the development of the DIP workshop; and
- Assistance from the project Care/Kénéya Ciwara (PKC) for the organizational capacity study of partners.

The project will need additional assistance for:

- The midterm evaluation in the third year;
- The documentation of the project; and
- The final evaluation of the project.

D. Substantial Changes from the DIP

There are no significant changes to the DIP which was submitted in terms of measurable objectives, the interventions, the districts, or the budget.

E. Sustainability Plan

The CS-20 DIP describes the project's sustainability plan in terms of building the capacity of three local organizations: (1) the village OCs; (2) the HC Boards; and (3) the DHOs. Achieving the capacity building objectives for these organizations will be critical to the maintenance of CS-20 BCC strategies, improving the quality of services, and the supply of key services when the project is completed. During the first year, SC has established the partnerships and capacity building plans for the five DHO communities to effectively support CS-20 services and activities. Targets to be reached are outlined in the Performance Monitoring and Evaluation section of the DIP (Table 9). They include:

- 50% of DHOs complete two integrated supervisory visits of HCs in the last year.
- 80% of DHOs will conduct monthly meetings to monitor the HC activities.
- HCs, District Medical Directors, MOH and SC collaborate in writing two articles on DK and ITN promotion approaches.
- MOH and partners adapt and distribute an Operations Manual for DKs and ITNs.
- 70% of OCs will be supervised at least once/month by the HC.
- 60% of the Management Committees participating in the monthly meetings of the CHWs at the HCs.
- 70% of the membership of OCs are women.

Some constraints already noted include negotiating with village leaders for the inclusion of women on the OCs and ensuring that OCs are supervised by the HCs.

F. Information Request in the DIP Consultation

In the letter informing SC of DIP approval there is no request for additional information.

G. Indicators Reporting Table-N/A

H. Description of Program Management Systems

The **financial management** of the program follows the rules and procedures of SC and USAID. Expenditure requests are approved by the Project Advisor (PA) and processed by the project's Office Manager/Accountant; who also prepares the monthly financial reports to be authorized by the PA before being sent to SFO's Finance Unit in Bamako. Actual expenses by regional and district level MOH partners are monitored periodically by SFO's Finance Manager. Financial reports are reviewed for compliance with grant requirements and USAID policies and procedures. The SFO Finance Manager applies SC's standard internal procedures and U.S. GAAP for reporting and controlling expenses and consolidating data. Upon approval by the Deputy Director for Finance and Administration, these reports are submitted monthly to SC's headquarters. SC's Finance Department will provide overall financial management of the project, including receiving and disbursing funds, reviewing reports, and preparing submissions to USAID CSHGP.

Personnel Management: The project personnel were recruited as planned and are adequate for the management of project activities. The list of names and functions of the project staff are in Appendix 1 of this report. Job descriptions were revised and a recruitment process started for the three CS-20 positions which work directly with the MOH counterparts at the Regional Health Office of Sikasso. These positions are: Project Advisor, Training Specialist, and Monitoring and Evaluation Specialist. Additionally, a job description for District Advisors was created.

The Sahel Health Coordinator/Advisor, Maureen Cunningham went on maternity leave in October, 2004. Dr. Melisse Murray was hired to replace her and provide support for the CS-20 project. Maureen resigned due to her spouse's transfer and Dr. Murray agreed to extend her contract with SC until April 22, 2005. Dr. Houleyemata Diarra was hired as the Sahel Health Coordinator as of April 1, 2005. This permitted several weeks of overlap with Dr. Murray during the busy DIP preparation period. The District Advisors were recruited and hired in October, 2004. Following an orientation to the CS-20 project, they started their work by being trained for, and conducting the KPC baseline survey together with their MOH District counterparts. The District Advisors are based in the five Sikasso Districts working closely with the District Health Offices. The CS-20 Coordinator, Dr. Diakalia Kone, hired in August, 2004 resigned from SC in February, 2005. On April 12, 2005 SC hired Dr. Dian Sidibe as the new Sikasso Coordinator.

Communication System and Team Development: The project has implemented a transparent team approach and developed effective communication systems. In August 2004, the Sahel Health Coordinator, the CS-20 Coordinator and the SC home office (HO) CS Advisor conducted an orientation session with key MOH staff to discuss the official start-up of CS-20, and review the key interventions, approaches, and target areas. Participants in this session included two representatives (the District Director and the Director of Social Services) from each of the five

project districts, as well as representatives from the Sikasso Health Region. A Program Design, Monitoring and Evaluation (PDME) training was jointly conducted by SC, CSTS+, and the Groupe Pivot just prior to the Sikasso DIP workshop in February, 2005 to further develop project design, monitoring and evaluation skills. The new Sahel Health Advisor, the CS-20 M&E Specialist, and Director of Planning for the Sikasso Region, participated in this six-day training to build their skills to develop project designs and M&E plans that are linked to these designs. The CS Advisor, Eric Swedberg was one of the facilitators of this training.

Following the PDME training, the three day DIP workshop took place in Sikasso and included all of the key stakeholders of CS-20. Thirty representatives from SC and partner organizations within Sikasso and the central MOH participated. The CS Advisor from SC Westport, the Sahel Health Advisor, the Acting CS-20 Coordinator, and the CS-20 District Advisors planned and prepared for the workshop on February 14 and 15, 2005. The three-day workshop took place on February 16 - 18, 2005. Following the workshop, the CS-20 staff met to assign writing tasks for various sections of the DIP document. Following the DIP workshop, SC also debriefed with Ann Hirschey of USAID/Mali on the CS-20 projects.

The installation of CS-20 teams at each level (regional, health district, health zones and village) enables us to establish a communication system which facilitates information access and coordination with all the partners on the project through periodic meetings at each level, making it possible to establish continuous communication for the improvement of the community based services. These meetings include evaluating the progress of the preceding quarters and programming for the next quarter based upon the annual plan. Challenges are reviewed and corrective measures are considered for the next quarter (see Appendix 3 for more detail).

The project also maintains close cooperation with the MOH on all levels for supervision of the CS-20 program activities. The project took part in the annual meeting of the Regional Committee of Orientation, Coordination and Evaluation of PRODESS (CROCEP) and also participates in the monthly meetings of each health district. The project works closely with PSI in the promotion of the use of ITNS. The project organized several meetings with the Regional Management of the CMDT of Bougouni to discuss strategies for collaboration with both the ZPA and the APC.

Collaboration in Country: (Please see section A for more detail on partnership development) CS-20 is working closely with existing SC and other NGO democratic governance and micro-credit programs to provide training for HC Boards and improve the availability of credit. CS-20 is coordinating with on-going Malaria Program training on bed nets and malaria management and facility IMCI training for health workers. The CARE led consortium, *Keneya Ciawara*, is also working in three Sikasso districts near the CS-20 districts. It also seeks to support district efforts to facilitate the delivery of key interventions within communities (through HC outreach activities, community-based distribution etc.), and to promote and support key health behaviors and practices at the household level. Thus CS-20 is collaborating with *Keneya Ciawara* by harmonizing training modules and by sharing experiences during the implementation of activities. Lessons learned are being shared during: (1) periodic regional meetings under the RHO; and (2) nationally during meetings of USAID partners.

Contacts are also being maintained with NGO partners who also work in the project region: ASDAP with Yorosso and Sélingé, S.T.O.L in Kolondieba, and Jeunesse and Development in Bougouni.

I. Mission Collaboration

The SC CS-20 team has coordinated its programming efforts closely with the USAID Mission and bilateral programming in Mali. The bilateral program of Keneya Ciwara also has programming in other districts of the Sikasso region. CS-20 staff worked together with Keneya Ciwara staff at the regional level in developing community-based training approaches. Similarly, at the national level SC has worked with ATN (another bilateral program) to revise training modules for malaria case management and in the design and production of radio programs. SC participated in the annual review of all USAID partners involved in the SO6 or health strategic objective.

J. Timeline of Activities for the Second Year

Next year (October 2005 – September 2006) the following activities are planned as described in the DIP workplan.

- Training of the district and the health zone training teams;
- Training of the new DK Managers;
- Refresher training of the former DK Managers;
- Training of Associations of Cotton Producers (ACP);
- Monthly meetings of the CS-20 project staff;
- Training of the members of the OCs of the DKs;
- Routine monitoring, support, data collection, and trainings in health districts, health zones, and villages;
- Organization of forums in the health districts and health zones to discuss project activities;
- Monitoring and supervision by:
 - The Regional Health Team of Sikasso in the districts;
 - The district teams in the CSCoM;
 - The CSCoM teams in the villages;
 - The national partners (Reproductive Health Division and the National Fight Against Malaria Program);

K. Highlights (none for this first year)

APPENDICES

APPENDIX 1
CS-20/Sikasso Staff

First and Last Names	Function
Dr. Dian Sidibé	Regional Advisor
Soufiana Kaba	Responsible for training
Zana Daou	Responsible for follow-up-evaluation
Bamody Diakité	District Advisor/Bougouni
Dr. Fama Kondo	District Advisor/Bougouni
Mrs. Berthé Fatoumata Bouaré	District Advisor/Bougouni
Fodié Maguiraga	District Advisor/Kolondièba
Mamadi Keïta	District Advisor/Kolondièba
Seydou Niamaly	District Advisor/Sélingué
Mamadou Sanogo	District Advisor/Yanfolila
Pathé Ongoïba	District Advisor/Yanfolila
Abdoussalam Tiémogo	District Advisor/Yorosso
Habibou Tall	Administrative and financial person in charge
Mrs. Sidibé Aïssata Koné	Administrative assistant
Tidiane Sidibé	Janitor
Chaka Diarra	Driver

APPENDIX 2

Criteria for the selection of the villages for a DK:

- To be at a further or equal distance of 5 km from the CSCom site;
- To have a population of at least 500 inhabitants or more;
- To be in a position of difficult geographical accessibility;
- To agree to voluntarily have a DK and to create an OC;
- To be affiliated with ASACO;
- To respect gender equity in the choice of the relays (Managers);
- To respect the inclusion of a woman in the office of the OC;
- To choose the existing relays in the village to avoid duplication; and
- To find a source of motivation for the Managers (to be determined by the village).

N.B.: The criteria of population and distance can by no means exclude a village if the partners (CSRéf and CSComs) judge that it would be beneficial to have a DK in it. Villages must have one of the first two criteria to have a DK.

The project staff evaluated the former DKs and found that 222 of the 247 were functional. The CS-20 teams were created and installed on all the levels (regional, health district, health zone and village). The composition, roles and responsibilities are defined for each team (see Appendix 3).

APPENDIX 3

CS-20 Teams: They are four levels.

(1) The regional team will meet each quarter:

- To plan the activities to be carried out during the quarters to come;
- To discuss project concerns; and
- To propose and plan solutions.

(2) The health district team has a role to coordinate the implementation of project activities at the district level. Consequently, it is responsible for:

- Planning, execution and the follow-up of the training courses intended for the community health (CSCoM) centers; and
- The supervision of the community health (CSCoM) centers.

(3) The health zone team will meet **monthly**:

- To discuss and plan CS-20 project activities at the village and CSCoM levels, particularly the training and the supervision; and
- To facilitate the installation of the community structures (Managers of the DKs, OCs of the DKs and associations of cotton producers for the promotion of ITNs).

(4) Village level team:

Consisting of the village volunteers, the members of the OC of the DKs will be responsible for ensuring that the DK Managers have a sufficient quantity of drugs and that the DK is well managed. The DK Managers will be responsible for the sale of drugs, and referral to CSCoMs, and the promotion of BCC sessions. CPAs will be responsible for the sales, promotion, BCC, storage and the activities related to the ITNs and the treatment kits. Finally, village teams will share their reports with their local HC and will receive feedback during the quarterly supervision meetings.

ⁱ Chloroquine is still the official first line treatment but will be phased out in the coming year. It is unclear if an alternative malaria treatment will be available at the DK level.